

DECLARATION

As the below named inventor, I declare that:

My residence, post office address and citizenship are as stated below, next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**EXTENDING THE LIFE OF AN AMORPHOUS
HARDFACE BY INTRODUCTION OF PELLETS**

the specification of which:

- ☐ is attached hereto.
- ☐ was filed on _____ as Application Serial No. _____ and with amendments through _____ (if applicable).
- ☒ was filed as PCT International Application No. PCT/US03/07501 on 11 March 2003 and as amended under PCT Article 19 and/or PCT Article 34 before the International Preliminary Examining Authority.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent of inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):

<u>PCT/US03/07501</u>	<u>PCT</u>	<u>11 March 2003</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day, Month, Year)	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day, Month, Year)	

I hereby claim provisional application priority benefits under 35 U.S.C. §119(e) of any provisional application(s) filed under 35 U.S.C. §119(b) listed below:

<u>60/363,620</u>	<u>12 March 2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Day, Month, Year)	
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Day, Month, Year)	
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Day, Month, Year)	

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the

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first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status: patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status: patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status: patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF THE INVENTOR: Jerry N. McMicken

INVENTOR'S SIGNATURE: _____

DATE SIGNED: _____

RESIDENCE: 1811 Boxwood Court

Sugar Land, Texas 77478

CITIZENSHIP: United States of America

POST OFFICE ADDRESS: _____

FULL NAME OF THE INVENTOR: _____

INVENTOR'S SIGNATURE: _____

DATE SIGNED: _____

RESIDENCE: _____

CITIZENSHIP: _____

POST OFFICE ADDRESS: _____

ADDITIONAL JOINT INVENTOR(S) LISTED ON ATTACHED SHEET? ☐ Yes ☒ No